

FILED JUL 13 1950

STANDARD CERTIFICATE OF DEATH

21799
State File No. 5775

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 2240 Randolph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. CITY (If outside corporate limits, write RURAL and give township) St Louis		f. STATE 2229	
3. NAME OF DECEASED (Type or Print) a. (First) Hattie		b. (Middle) Mason		c. (Last)	
4. DATE OF DEATH Month June Day 29 Year 1950		5. SEX Female		6. COLOR OR RACE Cal	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec 25 1887		9. AGE (In years) 60	
10a. USUAL OCCUPATION (Give kind of work done during life, even if retired) ML		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo. N.A.	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME Jim Johnson		13b. MOTHER'S MAIDEN NAME Jeanne Neelie	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Mary Jefferson		18. ADDRESS 2240 Randolph			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Disease		INTERVAL BETWEEN ONSET AND DEATH Undet.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined			
DUE TO (c)					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 33HX	

22. I hereby certify that I attended the deceased from **6-24**, 19**50**, to **6-29**, 19**50**; that I last saw the deceased alive on **6-29**, 19**50**, and that death occurred at **10:40p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Allen J. Thompson		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 6-30-50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 6/50		24c. NAME OF CEMETERY OR CREMATORY Cal Oak Cem	
24d. LOCATION (City, town, or county) (State) St Louis MO					

DATE REC'D BY LOCAL REG. JUL 3 1950		REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE 4214 Delmar St. A. ...	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed *J. Q. Green*

Signed.....
Student Embalmer

Licensed Embalmer No. *2963*

P. O. Address *4214 Palmer*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.